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Year 3 Annual Report
October 1, 2014 – September 30, 2015

Health Communication Capacity Collaborative
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List of Acronyms

AMA	Advanced Maternal Age
APHA	American Public Health Association
BCC	Behavior Change Communication
CCoP	Communication Community of Practice
CCP	Johns Hopkins Center for Communication Programs
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CoP	Community of Practice
CRG	Communities, Rights and Gender
CS	Capacity Strengthening
E-CAP	Ebola Community Action Platform
ECN	Ebola Communication Network
EIMC	Early Infant Male Circumcision
ESA	Eastern and Southern Africa
EVD	Ebola Virus Disease
gCHV	General Community Health Volunteer
GIS	Geographic Information Systems
GTS	Global Technical Strategy
HC3	Health Communication Capacity Collaborative
HIDN	Office of Health, Infectious Diseases and Nutrition
HP	High-parity
HTC	HIV Testing and Counseling
HTSP	Healthy Timing and Spacing of Pregnancy
ICA	International Communication Association
ICFP	International Conference on Family Planning
ICT	Information and Communication Technology
I-Kit	Implementation Kit
IMS	Integrated Management System
IPC	Interpersonal Communication
IPC/C	Interpersonal Communication and Counseling
IR	Intermediate Result
JAIDS	Journal of Acquired Immune Deficiency Syndromes
JSI	John Snow, Inc.
KAP	Knowledge, Attitudes, Practice
LARC	Long-acting Reversible Contraceptive Methods
LSHC	Leadership in Strategic Health Communication
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
NMCP	National Malaria Control Programme
NUS	National University of Singapore
OHA	Office of HIV and AIDS
OIG	Office of the Inspector General

PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PRH	Office of Population and Reproductive Health
PSI	Population Services International
RBM	Roll Back Malaria
RFP	Request for Proposal
RM&E	Research, Monitoring and Evaluation
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
RMNCH	Reproductive Maternal, Newborn and Child Health
SBCC	Social and Behavior Change Communication
SRH	Sexual and Reproductive Health
SSFFC	Substandard, Spurious, Falsely-Labeled, Falsified, Counterfeit
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNCoLSC	United Nations Commission on Lifesaving Commodities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VLDP	Virtual Leadership Development Program
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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Executive Summary

Year 3 was a time of intense effort for the Health Communication Capacity Collaborative (HC3) on all fronts. The project experienced incredible and rapid growth, in terms of financial resources and new country programs. Across the entire project portfolio, HC3 had a 200 percent increase in funding, added significant activities in 11 countries globally and expanded its technical portfolio to include new health areas, such as Ebola, in addition to adding innovation and sophistication to its core health work in reproductive health, HIV and AIDS and malaria control. By the end of Year 3, the HC3 project supported activities in 27 countries, collaborated with partners through 33 subawards, addressed technical content on six different health areas, as well as cross-cutting themes, such as capacity strengthening (CS), organizational development, and research and evaluation. The variety and depth of HC3 engagement in all these domains is reflected in this report.

Year 3 was a time of growth and sophistication of HC3's digital resources. HC3 supports knowledge exchange for CS through its tailored digital platforms. These websites include the main HC3 website, www.healthcommcapacity.org, the Health COMpass, the Springboard for Health Communication and Implementation Kits (I-Kits). During Year 3, HC3 added a new knowledge portal, the ECN (<http://ebolacommunicationnetwork.org/>) to respond to the immediate need for accurate information to respond to the Ebola crisis in West Africa by sharing job aids, guidance documents, how to strategies and emerging best practices among the response community. HC3 also upgraded its existing sites to improve the user experience, including redesigns for the COMpass and Springboard platforms; introduced a native app to enable users to connect to Springboard from mobile devices; and added three new I-Kits to www.sbccimplementationkits.org, which include Ebola Preparedness, Resource Mobilization and Urban Adolescent Social and Behavior Change Communication (SBCC). Additional "how-to" guidance for SBCC implementation is hosted on the Health COMpass where HC3 shares program strategies through 22 How-to Guides ranging from topics, such as "How to Conduct Qualitative Formative Research" to "How to Create a Brand Strategy."

In addition to resources for SBCC practitioners on the HC3 web platforms, HC3 has a growing portfolio of resource designed to help service professionals improve their interactions with target audiences on a range of health issues. These materials range from the Provider Behavior Change tools which strengthen counselling skills and job performance of community health workers developed under the Office of Population and Reproductive Health (PRH) and pretested in Bangladesh and Nigeria to the Comprehensive Youth Sexuality online teacher training course developed in conjunction with UNESCO and UNFPA under HC3's funding from the Office of HIV and AIDS (OHA). During Year 3, HC3 also further developed a video guide to help service providers counsel on youth on long-acting and reversible contraceptives (LARCs), materials for counseling urban youth on reproductive health options, and counseling materials to support healthy timing and spacing for pregnancy (HTSP) for women of advanced maternal age (AMA) and high parity (HP).

Building high-quality SBCC programs based on evidence remains a priority across project. HC3 supports original research to address knowledge gaps, publishes learning in peer review journals and compiles existing evidence to ensure access to the latest scientific knowledge to support decision making and program planning. During Year 3, HC3 researchers conducted Ebola-related primary research in West Africa. This research includes a media analysis of media and communication from Liberia to assess the extent to which communication met the information needs of the general public. HC3 also published a qualitative study, *"Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of*

Liberia.” HC3 also developed 10 survey questions for use in GeoPoll-fielded SMS-based survey to obtain information regarding trusted sources of Ebola-related information and key Ebola-related behaviors. The HC3 Malaria portfolio contributed several articles to the literature during Year 3. Research activities include conducting a baseline knowledge, attitudes and practices (KAP) survey in Nigeria; development of four evidence papers that have been submitted to peer review journals; and completion of a literature review on service provider attitudes and norms regarding malaria in pregnancy. The team also developed a monitoring and evaluation (M&E) guide on malaria case management. In the area of HIV and AIDS, HC3 produced a comprehensive searchable evidence database on the impact of health communication on HIV outcomes. The searchable evidence synthesis is hosted on the HC3 website. HC3 also produced an evidence review infographic and a series of fact sheets highlighting key research findings to accompany the database. HC3 will produce similar evidence synthesis materials for malaria and reproductive health in Year 4.

Building community cohesion is a key HC3 strategy for strengthening SBCC capacity globally. HC3 continued to facilitate the growth of the global SBCC community through the Springboard for Health Communication. The online platform had registered almost 3000 members by the end of the year. The site hosts 22 country pages and has consistent rates of participation from members in Bangladesh, Côte d’Ivoire, Ethiopia, India, Kenya, Nigeria, Uganda and Zimbabwe, with a typical average session duration around five minutes. In addition to growing the online platform, HC3 encouraged and provided guidance for country level face to face activities, including launch events in 8 countries and follow up learning forums. HC3 also builds communities around other content of interest. Under HC3’s stewardship, the Roll Back Malaria (RBM) Communication Community of Practice (CCoP) has grown to 265 members who participate in monthly calls, webinars and an annual meeting, which took place in Kampala, Uganda reuniting 49 community members from 19 countries. HC3 facilitates other community events, such as its webinars, participation in working groups and special meetings, and seminars during conferences, such as the Association for Tropical Health and Medicine and the International Communication Association (ICA).

Underlying all these activities is the high-quality technical leadership the HC3 team provides in developing state of the art SBCC approaches to address critical health issues. HC3 demonstrates its technical leadership through guidance on voluntary medical male circumcision (VMMC) issues to OHA, the production of materials and strategies to address substandard and falsified commodities that threaten the effectiveness of frontline malaria medicines, designing multimedia national campaigns for Ebola and reproductive health, producing SBCC assessment tools and training materials, and developing prototype job aids and learning materials that can be adapted and produced at scale in different country contexts. The outcome of all of this activity is a program of vibrant engagement and technical expertise that is increasing the standard of SBCC implementation worldwide.

The project looks forward to maintaining its engagement across the SBCC community with continued innovation and collaboration in Year 4. The achievements documented through Year 3 provide HC3 with a substantial toolbox of resources and materials to disseminate and adapt to local contexts. The emphasis will be on a deeper reach and more routine adoption of these tools in countries where they have already been tested, as well as dissemination to new countries through partnerships with field support programs, global flagship projects and other donor organizations. HC3 is committed to instilling quality, excellence and impact in SBCC programs everywhere. It can achieve these goals by ensuring that SBCC practitioners and health service providers have access to relevant resources informed by the community and improved through its feedback. This approach is the essence of HC3.

Background

HC3 envisions a world where SBCC is transformative—shaping a world in which there are no social and structural barriers to a healthy life. The public's desire for information and services pushes health systems, governments and civil society. Indigenous organizations take the lead in responding to their community's needs. As information flows freely, lifelong learning becomes a social norm and people enjoy better health and fuller lives, and live in stronger nations.

The HC3 team sees a future where:

- Every country has a community of professionals with the capacity and commitment to create, coordinate and evaluate state-of-the-art SBCC programs.
- Communication is recognized and utilized as a collaborative catalyst for development
- Indigenous partners use proven technologies, tools and collaborative forums to access, create and exchange knowledge, and strengthen their capacity to serve their clients.
- All people have the information to make good decisions for themselves and their families, and have the social support, resources and abilities to act on their decisions.

To achieve its vision, the HC3 project addresses the art, science and application of SBCC programs. The science of SBCC is built upon the project's understanding and use of communication theory, coupled with analysis of evidence from SBCC programs. The art of SBCC is expressed through innovation and new and creative approaches to address issues. The application is founded on providing better tools and program models for adaptation to suit specific contexts, along with the strengthening of SBCC skills and the organizational structures of the implementing partners in developing countries. Evidence and theory provide the insight that propels innovation. Continuous project learning and feedback inform improved technical guidance across all the health sectors where HC3 operates, leading to better programs and ultimately improved health outcomes.

HC3 has been praised for its contributions across technical areas, to swift and effective implementation, and for providing expert guidance to deliver high-quality SBCC programs. This praise has spanned activities as diverse as producing guidelines on demand generation for the United Nations Commission on Lifesaving Commodities (UNCoLSC), implementing a rapid response to the Ebola epidemic in West Africa and developing next generation SBCC support to PEPFAR programs, especially in the areas of VMMC and outreach to key populations.

In addition to expert technical implementation, HC3 also has developed significant resources to support the global SBCC community. HC3 brings together SBCC organizations and practitioners to advance the art and science of SBCC as a domain of scholarship and practice and link SBCC to positive health outcomes and impact. The resources supported through HC3 include the Health COMPass, with its expert guidance on SBCC implementation including contributions from over 100 organizations, How-to Guides and Implementation Kits (I-Kits) covering in-depth procedures to operationalize SBCC activities. HC3 also has supported the convening of communities of practice (CoPs), through the Springboard for Health Communication Professionals, to offer peer support and guidance to tap community knowledge and experience to improve programming. These CoPs support malaria, in collaboration with RBM; HIV and AIDS, through the VMMC working group; and the global SBCC community through Springboard.

HC3 is underpinning the capacity development of SBCC professionals with resources that strengthen both the science and practice of health communication. These resources include the Health COMPass

with a strengthened search feature and more tools shared from health partners across the globe on a broader array of health technical areas and the PROGRES-SBCC tool for organizational CS, as well as materials designed for specific audience groups and contexts. To extend the reach and utility of these tools, HC3 will expand its investment in organizational development and financial management structures of SBCC-focused organizations, through application of tools, such as PROGRES and use of the Resource Mobilization I-Kit. HC3 is applying these tools with its core PRH funding, as described in this document, and also with partners supported through USAID field support funding and by organizations not financially linked to the project. HC3 is also focusing on the content and the context of high-impact health communication interventions, through experiential learning collaborations with country-based partners and skills building activities focused on the priority needs of partners tailored to their context.

With the materials and activity development, HC3 has conducted assessments and research that have and will continue to inform the development of SBCC CS tools. The assessments ranged from national-level research, looking at the relative impact of different communication channels (in Tanzania) and outreach strategies (in Nigeria) to in-depth examinations of organizational or team skills used to conduct high quality health communication programs (in Ethiopia, Bangladesh and Nepal, for example). HC3 also researched the needs of the academic community to train future generations of SBCC professionals. This research has honed and focused HC3's approach to implementation and underpins the framing of project activities.

These resources and approaches form the core of the HC3 mission – to set the standard of excellence in social and behavior change communication programs that achieve improved health outcomes through technical leadership, research, collaborative implementation and capacity strengthening.

Section 1: PRH-Funded Activities

The hallmarks of HC3, technical assistance in SBCC activities, capacity strengthening and research and evaluation, are all represented in the project's PRH portfolio. In Year 3, HC3's PRH activities implemented a balanced portfolio across all these areas.

In Year 3, HC3 strengthened its portfolio of resources designed to help service delivery professionals improve their interactions with their clients on a range of health issues. These materials range from the Provider Behavior Change tools that strengthen community health worker counseling skills and job performance to a video guide to help service providers to counsel on youth on long-acting and reversible contraceptives (LARCs). PRH funds also supported the finalization of materials for counseling urban youth on reproductive health options and counseling materials to support healthy timing and spacing for pregnancy (HTSP) for women of advanced maternal age (AMA) and high parity (HP). HC3 also completed the concept design for a mobile health tool that supports family planning decision making for women using recorded vignettes and messages.

Building community cohesion is a key HC3 strategy for strengthening SBCC capacity globally. HC3 continued to facilitate the growth of the global SBCC community through the Springboard for Health Communication. The online platform had registered almost 3000 members by the end of the year. The site hosts 22 country pages and has consistent rates of participation from members in Bangladesh, Côte d'Ivoire, Ethiopia, India, Kenya, Nigeria, Uganda and Zimbabwe, with a typical average session duration around five minutes. In addition to growing the online platform, HC3 encouraged and provided guidance for country level face to face activities, including 8 launch events and follow up learning forums. HC3 facilitates other community events, such as its webinars, participation in working groups and special meetings, and seminars during conferences.

The HC3 capacity strengthening team continued to increase learning resources through a variety of approaches. The Health COMPASS site was redesigned to enhance user experience and improve navigation, including the addition of Google translate. The Health COMPASS also hosts 22 "how-to" guidance for SBCC implementation on topics ranging from, "How to Conduct Qualitative Formative Research" to "How to Create a Brand Strategy." HC3 also addresses the need for strengthened organizational skills in addition to technical SBCC skills with assessment tools such as an SBCC focused version of PROGRES and the Resource Mobilization I-Kit.

On the research front, HC3 continued its collaborations with universities to deepen ties between the academic and the applied. This collaboration included webinars to support academics to learn how to publish in peer review journals, facilitating student internships and guest lectures. HC3 also began an assessment of capacity mentoring approaches in Tanzania, specifically the impact of the district level Leadership in Strategic Health Communication workshops.

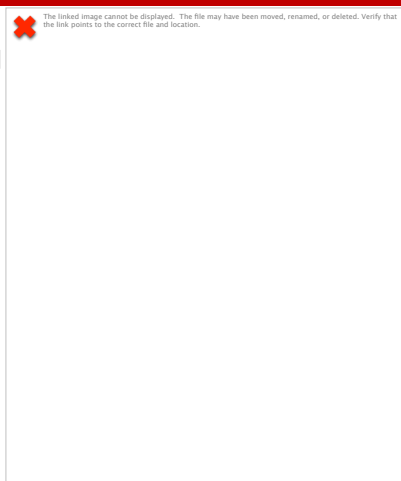
IR1 Activities: Increased Capacity of Indigenous Organizations to Design, Implement, Manage and Evaluate Evidence-Based Health Communication Interventions

Activity 1.1: Springboard

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

During Year 3, the vision for using Springboard expanded with the development of a mobile app and its integration into the International SBCC Summit.

The app, available for both iOS and the Android operating system, gives health communication professionals access to this online resource from wherever they are across the globe. With planning underway for the International SBCC Summit, the app also provides opportunity for more connection and collaboration between summit participants before, during and after the conference, building a global community of practice to ensure Springboard's sustainability.



Sub-activity	Deliverables	Key Outcomes
1.1.1: Mobilizing Modern Communities	Information and communication technology (ICT) technical assistance (TA) and CS for each of the Asia and Anglophone Africa Regional Secretariats.	NetHope provided TA to the regional secretariats to strengthen their coordination of the country activities. This led to the institutionalization of learning fora in five countries. In addition, HC3 provided virtual TA to regional secretariats and country leads, including trouble shooting on the platform, social media help, webinar help and more.
	Development and strengthening of Springboard Regional Advisory Councils.	The regional secretariats, with guidance from HC3, formed the Regional Advisory Councils. Country champions make up the Advisory Council. This new arrangement allows the regional secretariat to receive critical feedback form country activities that can influence the regional strategy. Members of the two regional advisory council meeting joined the global Springboard meeting in Tanzania in August 2015. HC3 worked with both councils to develop work plans for the region and each country. Moving forward, the Advisory Councils will meet virtually to review countries' progress against targets.
	Eight Springboard country launch events in Africa and Asia.	Springboard was launched in Nepal and India. The Nepal CoP suffered a setback with the earthquake. However, India developed a robust community of practice and has several activities planned for the

		<p>next fiscal year to stimulate even further growth of the community.</p> <p>The Africa secretariat launched Springboard in Kenya and Lesotho. The Kenya Springboard has since developed guidelines for the community of practice and is taking steps to raise resources to operate.</p>
	Four Health Communication Innovation webinars.	HC3 consistently had 110 to 140 participants at each webinar from around the world, and the recordings and summaries are consistently the most downloaded materials on HC3s site. The topics were: Social Media Analysis and Health Communication; Innovation Webinar on Digital Storytelling; Cutting-Edge Health Communication Apps; and Gender-Transformative Approaches.
	Two Springboard virtual forums (in addition to HTSP and Youth).	The virtual forums are in the form of thematic discussions on the Springboard platform. Experts in the field being discussed serve as hosts. In Year 3, there were 11 thematic discussions. The topics were Ebola Communication, Geographic Information Systems (GIS) and SBCC, Health Communication's Role in HIV Prevention and Care, SBCC and Nutrition, Role of Faith-Based Communities in SBCC Programs for Child Survival, the Evidence Database for Youth Sexual and Reproductive Health (SRH) and SBCC Programs, Developing <i>Intersexions</i> , the post-Ebola response, Enhance Programs with Digital Storytelling, HIV Evidence Package Proves the Power of Health Communication, and Using Household Surveys to Inform Malaria SBCC.
	Half-day workshop and Health Communication theme track at NetHope Summit in October 2014.	The NetHope Global Summit 2015 had 274 attendees, representing 150 different non-profit, government, private sector or multilateral organizations. The workshop was attended by 16 participants from 12 organizations, with largely positive feedback, and 13 participants registered on Springboard. As a result of the entire Summit, there were 40 new registrants on Springboard and 85 new members added to the NetHope M&E and Tech, of which there is an SBCC track.
	Springboard, C-Hub and SBCC eLearning maintained.	The platforms were maintained without any major glitches.
	Three strategic planning sessions.	Strategic planning meetings were held, which led to the revamping of the virtual platform with several additional features.
1.1.2: Improving the Springboard Virtual Platform	Three scopes of work, including regionalization of the Springboard virtual platform and two additional comprehensive, site-wide core enhancements.	HC3 moved the restructuring of the virtual platform in-house. Country pages, a business directory, jobs board and a translation feature were developed and managed under the supervision of the regional secretariats. A business

		directory, an enhanced jobs board and a translation service were added to the platform to stimulate better engagement. Finally, a mobile app for the Android operating system and iOS was developed for ease of connection for practitioners, mainly in developing countries.
	Targeted minor platform modifications to the platform as needed to maintain good usability of the site.	Other modifications to the platform included the addition of an adaptable widget to the side bar of the Springboard home page, allowing easy promotion of other HC3 products, such as Health COMpass resources. In addition, navigation was improved with a quick-links menu, making it easier to run advertisements and features on other HC3 platforms.
1.1.3: Producing an Africa Regional SBCC Conference	Regional SBCC conference in Africa (location TBD).	The regional conference morphed into the International SBCC Summit, which will be held in February 2016. Preparatory work for the global conference included development of a concept note, which led to the design of the conference. Other activities included a call for abstracts and its management ahead of the conference.

OTHER ACCOMPLISHMENTS

- Overhauled Springboard platform with better usability.
- Springboard membership on virtual platform grew by over 200 percent.
- Springboard learning fora reached over 1000 SBCC practitioners in five countries.

YEAR 4 PRIORITIES

- Develop and implement strategies aimed at a sustainable Springboard after HC3 ends.
- Integrate more of HC3 CS tools and resources into the face-to-face learning fora and other country level activities.
- Strengthen the management of country pages to meet the needs of members at the country level and link the pages more to country level face-to-face activities.
- Use the Springboard virtual platform to disseminate material for the SBCC Summit.

Activity 1.2: Healthy Timing and Spacing of Pregnancy for Advanced Maternal Age and High-Parity Women

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

In the second half of Year 3, HC3 completed several Year 2 deliverables. Seven components of the HTSP SBCC I-Kit were translated from English to French. They also were pretested in Togo and Niger in August/September 2015 with input from over 200 individuals through 13 focus group discussions, 123 interviews and three observations. A report summarizing the AMA/HP qualitative research and secondary analysis of quantitative data in Togo and Niger was submitted in French in August 2015, and translated into English in September 2015.



Sub-activity	Deliverables	Key Outcomes
1.2.1: HTSP AMA/ HP Community-Based Guide	HTSP AMA/HP community-based guide (English and French).	Key elements of contents identified during pretest of I-Kit in September 2015. Guide under development and expected by Q2 2016.
1.2.2: HTSP Evidence and Implementation Kit Dissemination	Pre- and post-workshop Springboard HTSP I-Kit discussion forums (French-language).	Content will be developed after I-Kit materials have been revised and workshop identified.
	One West Africa Regional I-Kit Workshop.	Ouagadougou Partnership meeting in September 2015 was cancelled. Planning to attend the rescheduled meeting in Benin (December 9-11, 2015) to promote the I-Kit among West African leaders with interpersonal networking.
1.2.3: HTSP I-Kit Localization	One brief per country summarizing I-Kit material adaptation and implementation processes, including lessons learned.	Localization will occur in 2016 and two briefs documenting the localization experiences will be written by September 2016.

YEAR 4 PRIORITIES

Qualitative Research Report and Briefs:

- Write a summary of the 85-page Qualitative Research Report and once approved, translate into French.
- Revise the four research briefs and once approved, translate into French.
- Disseminate research briefs via HC3 website, social media, Springboard and other face-to-face forums, such as Johns Hopkins Center for Communication Programs (CCP) country programs and conferences.

I-Kit Dissemination:

- Revise I-Kit components including text, images and layout.
- Conduct Springboard forum in French to promote the I-Kit and the community-based guide.
- Conduct Webinar to promote the I-Kit and the community-based guide.

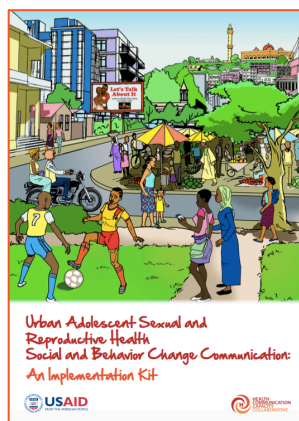
- Disseminate I-Kit via CCP country programs in Francophone West Africa.

I-Kit Localization:

- Provide TA to two organizations to localize the I-Kit.
- Write two briefs documenting the localization experiences.

Activity 1.3: Engaging Youth for Healthy Lives

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS



In the second half of Year 3, HC3 revised and finalized the Urban Adolescent SRH SBCC I-Kit in English. HC3 hired a Ugandan illustrator familiar with the broader Sub-Saharan Africa context and a graphic designer to give life to the text and make it more engaging. The online version of the I-Kit (<http://sbccimplementationkits.org/urban-youth/>) was created in September 2015.

Sub-activity	Deliverables	Key Outcomes
1.3.1: Urban Youth SBCC I-Kit Localization	Four to five local organizations contracted for small grants.	The request for proposal (RFP) was issued in August. Eight organizations submitted proposals. Two organizations in Benin, two in Madagascar and one in Kenya have been identified and the contracting process is occurring.
1.3.2: Increase Local Capacity for Urban Youth Sexual and Reproductive Health Programming	TA provided to grantees through virtual and face-to-face forums.	Once contracts are signed, TA will be provided to Pilot Partner organizations in Benin, Madagascar and Kenya.
1.3.3: SBCC for Youth Satellite Session at Regional SBCC Conference	Pre- and post-session Springboard discussion forum.	Will take place in January and March 2016.
	One youth-focused SBCC satellite session at Africa regional Springboard conference.	The session will be conducted during a skills-building workshop session at the SBCC Summit in February 2016.

YEAR 4 PRIORITIES

Urban Adolescent SRH SBCC I-Kit:

- Finalize I-Kit (French).
- Create online I-Kit (French).
- Conduct Webinar to launch I-Kit (French).

Pilot Partners:

- Develop TA plans for localization of the I-Kit and provide to the Pilot Partners.
- Establish or revive participation in Springboard groups for each Pilot Partner by January.
- Collect qualitative research with Pilot Partner organizations regarding their experiences with the I-Kit and write analysis.
- Develop five Pilot Partner case studies.
- Develop supplemental section for the I-Kit, including case studies, lessons learned and tips for using the I-Kit in different contexts, such as in different organizations, countries and audiences.
- Develop article for submission to a peer-reviewed journal.

Youth Satellite Session:

- A skills-building workshop using the I-Kit will be conducted at the SBCC Summit in February 2016.
- Pre- and post-session Springboard discussion forums will take place in January and March 2016.

Activity 1.4: Demand Generation for Long-Acting Reversible Contraceptives among Young People

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

During the second half of Year 3, HC3's creative firm, Little Unicorns, revised the LARC tools— provider video, client posters and brochures. Posters and brochures were translated into Hausa and Yoruba for the pretest in Nigeria. A Nigerian research consultant was hired to conduct the pretest with 18- to 24-year-old women and men, providers and Ministry of Health (MOH) officials in Kaduna and Ibadan.



Sub-activity	Deliverables	Key Outcomes
1.4.1: LARC Tool Development	Youth tools to support demand generation for LARC among young people.	Tools revised after Malawi pretest for Nigeria pretest.
	User guide on youth tool delivery and use.	Developing guide based on pretest results from Nigeria.
1.4.2: LARC Tool Field Pretests and Dissemination	Two field pretest workshops, one each in Malawi and Nigeria (combined with Year 2 pretests).	Pretest conducted in Malawi in March. Pretests conducted in Nigeria in August/September 2015.
	Field report of outcomes of the pretests and a summary of edits to be made.	Field report and summary of edits to be submitted.
	Revised youth tool (as needed) based on pretest results.	Tools (video, posters and brochures) revised in October 2015.

YEAR 4 PRIORITIES

LARC Tool Development:

- Finalize posters and brochures, video and video discussion guide.

LARC Tool Dissemination:

- Participate and present LARC tool development as part of a pre-formed panel at the fourth International Conference on Family Planning (ICFP), rescheduled for January 2016.
- Conduct Webinar to promote the LARC tools.
- Conduct Springboard forum to promote the LARC tools following the webinar.
- Present poster featuring the LARC tools at the International SBCC Summit.

Youth-Focused Interactive Tool:

- Review pretest findings regarding suggestions for youth-focused interactive tool and develop a concept note.
- Develop and pretest the youth-focused interactive tool.
- Develop a guide for the youth-focused interactive tool.
- Conduct a webinar to promote the youth-focused interactive tool.
- Conduct Springboard discussion groups for providers and program managers after webinar.

Activity 1.5: Gender Equity and Female Empowerment

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

In the second half of Year 3, the concept note for the “Smart Client” activity was approved and the USAID Nigeria mission granted permission for the activity to occur in Nigeria. HC3 conducted a literature review and developed an approach to use mobile phones to deliver engaging content through a dramatic story to encourage women and male partners to become informed, empowered and confident communicating with a family planning provider and choosing a family planning method that works for them.

Sub-activity	Deliverables	Key Outcomes
1.5.1: “Smart” Intervention Development	Smart intervention developed.	<ul style="list-style-type: none"> • Concept note approved in April 2015. • Nigeria Mission granted permission for activity in May 2015. • Literature Review conducted and submitted in June 2015. • mHealth tool plan developed and submitted in September 2015. • RFP drafted for technology platform vendor in September 2015.

YEAR 4 PRIORITIES

- Prototype pretests in one to two countries (Nigeria and one other country, possibly Ethiopia).
- Pretest report.
- Beta-testing in one to two countries (Nigeria and one other country, possibly Ethiopia).
- Beta-test report.

IR2 Activities: Establishing Proven Systems for Professional Development in SBCC

Activity 2.1: Improving Family Planning/Reproductive Health Outcomes through Strategic SBCC Capacity Strengthening

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

The CS team focused on building within the SBCC community a solid foundation of tools and resources in Year 3. Recognizing that many practitioners are missing fundamental resources, the team worked to fill those gaps to establish trust and ensure that HC3 is looked upon as offering a service to other organizations and professionals. Improvements were made to the Health COMPass, including the addition of Google Translate. In Year 4, the team will concentrate on promoting this foundation of sound resources and additional ways to engage users on the Health COMPass.

Sub-activity	Deliverables	Key Outcomes
2.1.1: Expand Suite of Resources and Tools that Address Capacity and Skills Building for SBCC	At least one PRH priority I-Kit.	See Provider Behavior Change 2.2.1. It was determined that the I-Kit should be applied to this activity and to supplement the resources for Provider behavior change communication (BCC).
	At least six SBCC How-To Guides.	<ul style="list-style-type: none"> Completed stakeholder workshop, root cause analysis, program analysis and concept testing. Developed final drafts of communication strategies and interpersonal communication (IPC). Will be submitted to USAID for review November 2015. Developed initial drafts of two additional priority topics, social media and impact evaluation, to be completed by December 15, 2015.
	Up to three priority organizational development resources specifically tailored to SBCC organizations.	<ul style="list-style-type: none"> Developed detailed guidance documents on writing grant applications, developing a fund raising strategy and developing a business plan for SBCC organizations. The three resources were combined into an easily accessible I-Kit with SBCC examples.
	Two VLDPs conducted.	<ul style="list-style-type: none"> Implemented the Anglophone Virtual Leadership Development Program (VLDP) with 13 organizations in eight countries: Tanzania, Phillipines, Nepal, Lebanon, Kenya, India, Ethiopia and Bangladesh. Implemented the Francophone VLDP with 14 organizations in four countries: DRC, Burkina Faso, Madagascar and Cote d'Ivoire. Received 120 applications in total for the two courses. One-hundred percent of participating teams reported that the SBCC VLDP brought about changes in their organizations.

	One concept paper outlining recommendations for tailoring the Leadership in Strategic Health Communication (LSHC) workshop, VLDP and existing CS approaches to meet field needs.	<ul style="list-style-type: none"> Developed concept note for an SBCC CS course, submitted to and approved by USAID. The concept note investigated SBCC capacity and learning needs in the field, highlighted key principles of adult learning and captured lessons learned from previous CS initiatives. Concept note emphasized the need to build research, M&E capacity and recommended a team-based, phased action-learning approach to CS. Concept note will be used to inform future HC3 activities in CS.
	Three CS webinars.	<ul style="list-style-type: none"> Hosted a three-part Resource Mobilization webinar series. Topics were Overview of Resource Mobilization, Business Planning and Grants Development. A total of 116 participants attended the webinars.
	Facilitate sessions in two regional events/workshops to train on CS tools.	<ul style="list-style-type: none"> Facilitated training on HC3 resources and tools at the LSHC workshops in India, Swaziland, Baltimore and Nigeria, and during the Capacity Mapping Exercise in Egypt. Total of 130 persons (15 in Egypt, 30 in Swaziland, 20 in Baltimore, 35 in India and 30 in Nigeria) representing NGOs, government, universities, private communication agencies, international organizations and donors, attended. Facilitated sessions at the CCP World-Wide meeting to 200 participants, including representatives from 10 legacy organizations. Session at SBCC Summit in February 2016.
2.1.2: Update, Revise, Refine and Translate Current SBCC CS Offerings	Six SBCC Trending Topics.	<ul style="list-style-type: none"> Developed nine online Trending Topics on priority SBCC issues: Resource Mobilization, Population Health and Environment, GIS for SBCC, SBCC and HIV Continuum of Treatment, Obstetric Fistula, Malaria SBCC Strategies, Avian Influenza, SBCC for Ebola, and SBCC in Emergency Situations. Updated five Trending Topics with new resources post-publication date: SBCC in Emergency Situations, Ebola SBCC Materials, Chlorhexidine, Data Visualization and Malaria SBCC Strategies.
	Six SBCC Spotlights.	<ul style="list-style-type: none"> Developed seven online Spotlights highlighting successful SBCC projects in seven countries: Ghana, Guatemala, Mozambique, South Africa, Tanzania, Ukraine and Vietnam. Collaborated with teams at Population Services International (PSI), John Snow, Inc. (JSI), FHI360, and Pathfinder in development of Spotlights.

	French translation of Health COMpass interface.	Incorporated Google translate into the Health COMpass, making the platform content available in 27 different languages, such as French, Spanish, Portuguese and Arabic.
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OTHER ACCOMPLISHMENTS

- Updated the SBCC Mapping Tool (formerly the SBCC-OST assessment tool), putting it into a format that enables category and overall scoring to assist organizations with identifying strengths and areas for improvement. Tested the SBCC Mapping Tool in Egypt with government employees.
- Developed the PROGRES_SBCC tool to assess capacity and sustainability across organizational, financial and programmatic domains and field-tested the tool with the Center for Communication Programs-Nigeria.

YEAR 4 PRIORITIES

- Assure that HC3 tools, resources and approaches are integrated into HC3 country programs, and are actively utilized and shared by SBCC partners globally
- CS of higher-capacity SBCC organizations, including the legacy partners of international SBCC organizations, to assure that high quality SBCC is available at country and regional levels through local partners.
- Active focus on integrating SBCC into service delivery programs, both through development of approaches and resources that may be independently utilized by service delivery organizations or used to support service delivery partners through the consulting practices of SBCC organizations.

Activity 2.2: Capacity Strengthening for Provider Behavior Change

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

Responding to country needs and the critical gap in programs for health provider interaction, HC3 identified the need for an I-Kit to promote behavior change in providers. It focuses on interpersonal communication and counseling (IPC/C), and training, as well as contains a holistic approach to help understand the provider. While facility-based community health workers are the audience for Year 4, the I-Kit can be used in any health area as providers cut across all interventions.

Sub-activity	Deliverables	Key Outcomes
2.2.1: CS for Provider Behavior Change	Phase I: Rapid Assessment Tool for Provider Performance Gaps, Assessment Report.	<ul style="list-style-type: none"> • Developed the Community Health Worker (CHW) Needs Assessment Framework and tools to assess reasons for CHW under performance. • Pre-tested with Non-Governmental Organization (NGO) Health Service Delivery Project in Bangladesh and developed assessment report.
	Phase II: Targeted (blended) learning plan for one to two pilot sites.	<ul style="list-style-type: none"> • Delays in Mission approval for pre-testing of the provider BCC activities has postponed final development of this deliverable

		<ul style="list-style-type: none"> • Pretesting of the Provider BCC I-Kit for CHWs began in Bangladesh and upon completion will develop communication strategy (learning plan). • Pre-testing of the I-Kit will begin in Nigeria in December 2015 and will produce a communication strategy (learning plan).
	Phase III: Database of existing materials (Health COMPass), and matrix of tools and resources that identifies which gaps they fill.	<ul style="list-style-type: none"> • Compiled database of over 65 existing resources to support Provider BCC. • Selected among resources to include in the Provider BCC I-Kit.
	Phase IV: Provider behavior change package with assessment tool, plan templates and case studies from pilot sites.	<ul style="list-style-type: none"> • Researched and wrote literature review on Provider BCC among CHWs. • Developed draft of I-Kit that encompasses the assessment framework, resource database and communication strategy to address CHW motivation, attitudes and beliefs.

YEAR 4 PRIORITIES

Adaptation of Provider Behavior Change I-Kit to facility-based providers and active dissemination of Provider Behavior Change I-Kit to countries.

Activity 2.3: University Initiatives

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

HC3 found in Year 3 that more universities are playing a larger role in health communication, such as Jimma University, a proactive and dedicated regional partner in East Africa. With the increasing university engagement comes more research, more involvement with professional programs and organizations, and a deeper connection to health communication on a global scale.

Sub-activity	Deliverables	Key Outcomes
2.3.1: Improved SBCC Pedagogy	Two webinars (one in Sub-Saharan Africa, one in Asia) on “Teaching Applied Research.” Speakers from universities in the US, South Africa, Egypt and Indonesia will describe how formative research, M&E are taught in their institutions, what competencies are developed and how students gain experience in the practice of applied research.	The <i>University Models of Community Engagement</i> webinar was broadcast in November 2014 featuring speakers Dr. Taye Tolemariam, vice president for Academic Affairs from Jimma University in Ethiopia; Elizabeth Serlemitos, TCCP in Dar es Salaam; and Elizabeth Doerr, associate director of the Student Outreach Resource Center (SOURCE) at the Johns Hopkins Bloomberg School of Public Health. Each described how they provide opportunities for university students to become involved in community-based practicum opportunities and how those practice opportunities are supported, evaluated and integrated into the learning experience.
	Two webinars (one in Sub-Saharan Africa, one in Asia) on “Publishing in Peer-Reviewed	The <i>Editors’ Roundtable</i> webinar was broadcast in May 2015 and featured the editors of four important communication journals addressing

	Journals.” Speakers will be editors of international and regional peer-reviewed journals in communication, global health and development. Journals that have been approached to participate include the <i>Journal of Communication</i> , the <i>Journal of Computer Mediated Communication</i> , the <i>International Journal of Health Communication</i> , <i>Global Health Science & Practice</i> and <i>Critical Arts</i> .	research in health and development communication. Journals represented were the <i>Journal of Computer Mediated Communication</i> (Dr. Shyam Sundar, managing editor), the <i>Journal of Health Communication-International Perspectives</i> (Dr. Scott Ratzan, founding editor), <i>Global Health Science and Practice</i> (Ms. Natalie Culbertson, managing editor) and the <i>Journal of Communication</i> (Dr. Silvio Waisbord, managing editor). Each described the focus of their journal, the interests of their readers and the process of paper review. Each shared advice and tips for potential authors about how to improve the chances of publication success.
	Two Health COMpass Trending Topics will be produced focusing on applied research pedagogy and publication in peer-reviewed journals. These issues will focus on model syllabi; links to online teaching resources, materials and tools; tools and models for formative research, program M&E; and guidelines, FAQs and tips regarding scholarly publication.	Currently under development. At the suggestion of the Health COMpass editor, refocusing the pedagogy Trending Topics into an I-Kit format that will include a variety of teaching resources (including syllabi and materials), tools and models for formative research and M&E, and guidelines and tips for publishing scholarly research. A new Trending Topic in Research webpage will be devoted to the use of Ideation as a model for formative research, program design and evaluation, using examples from family planning, malaria, HIV/AIDS and Ebola.
2.3.2: Increased University Engagement in Local Research and Practice	Eight student internships completed with local SBCC programs.	Currently, there are 13 student interns being supported: 10 in Ethiopia (all from Jimma University, two each working with five different projects on HIV care & support, youth development, rural health and malaria) and three in Bangladesh (one each from North South University, University of Dhaka and ASA University; all working with BCCP-supported projects).
	Four secondary analysis grants awarded for studies supporting local SBCC programs.	Reprogrammed to support student internship opportunities.
	Four technical reports on the secondary analysis and two to four locally authored manuscripts submitted to peer-reviewed journals.	Three manuscripts were submitted for peer review.

OTHER ACCOMPLISHMENTS

- Dr. Douglas Storey taught a week-long cost-shared course on the design of strategic health communication programs at the National University of Singapore (NUS) School of Public Health in December 2014, working closely and sharing course instructional materials and strategies with its faculty. Twenty NUS graduate students attended the course and received course credit. Twenty-two external participants (health professionals) also attended from the Southeast Asia region, including Myanmar, Hong Kong, Malaysia, Brunei and Singapore. NUS provides

numerous training opportunities for health professionals in the region, so this course helps build regional capacity for training in this subject matter.

- HC3 has been developing ties with the ICA, the largest academic communication organization in the world, in order to engage more scholars from Sub-Saharan Africa and South Asia in SBCC research and practice. A special double-length panel on Ebola communication was presented at the 2015 ICA conference (May 21-25 in San Juan, Puerto Rico) that featured HC3-supported research and was moderated by Douglas Storey from HC3 and Kadidiatou Ndiaye from George Washington University. A total of 10 panelists representing HC3, Johns Hopkins University, George Washington University, Bradley University, Michigan State University, the University of Cincinnati, the National University of Singapore and UNICEF, presented their research on Ebola communication during the 2014-2015 outbreak related to three domains: Policy & Culture, Health Systems and Community & Individual Response. As a follow-up, the *Journal of Health Communication—International Perspectives* agreed to publish a Supplemental Issue on Ebola Communication (expected online publication in March 2016) featuring some of the papers presented on this panel—pending peer review. A live phone-in line allowed some participation from remote participants who were not able to attend the conference.
- The ICA has agreed to be a co-sponsor of the International SBCC Summit. They will host a panel on multimedia interventions in health and development, and use the opportunity to build ties with African communication scholars and develop ways to engage more in international networks of research and practice.

YEAR 4 PRIORITIES

- The “Lion’s Den” competition, an opportunity for collaboration and healthy competition among undergraduate and graduate students that mirrors their future work environment, will be held at the SBCC Summit in February 2016.
- Continuation of internships, especially in Nepal, as the earthquake was a setback.
- The workshop in Singapore will be repeated—one week for its own students and one for external participants.

Cross-Cutting Systems

Activity 3.1: Expanding the Evidence Base

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

In Year 3, expanding the evidence base focused not only on the LSHC workshops, but also on ensuring that HC3's resources, such as those on the Health COMPass and its variety of I-Kits, are more visible and used successfully by SBCC and health communication professionals.

Sub-activity	Deliverables	Key Outcomes
3.1.1: Evaluate the LSHC Workshops in Tanzania	Technical report of the findings of the evaluation.	Evaluation research is in progress. Expected completion of field work in February 2016 and Technical Report delivered in March 2016.
	Meeting for dissemination of evaluation findings to national partners in Tanzania.	Expected in March 2016.
	Manuscript submitted for peer-reviewed publication.	Expected in March 2016.

YEAR 4 PRIORITIES

Conduct a second round of the University Needs Assessment in order to contribute to the need for more data on CS.

Activity 3.2: Making the Case for Communication

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

In Year 3, HC3's communications team made great strides in reaching new audiences with our SBCC materials. HC3's website had more than 100,000 page views in Year 3. Users come to HC3's site from all over the world; the following are the top ten countries visiting: the U.S., India, Kenya, Nigeria, the U.K., Uganda, Ethiopia, South Africa, Nepal and Bangladesh. The SBCC infographic is the top downloaded resource (more than 300 downloads), followed by the HC3 Research Primers and the Urban Youth literature review. The implementation kit for CCP's Designing an SBCC Strategy has had more than 10,000 page views since it went live in July 2015.

HC3 continues to grow and engage its audience on social media. HC3's Facebook page has close to 1,800 likes at this point (a three-fold increase since the first half of Year 3) and almost 1,400 followers on Twitter. On Twitter, HC3 had 1,300 interactions with a potential reach of 5.3 million users. 9,935 link clicks were captured from Twitter alone. Overall, social traffic leads almost 15% of website traffic. HC3's animated version of the SBCC infographic has been popular on YouTube with more than 900 views. Ghana's GoodLife video has more than 250 views to date.

The communications team also developed a marketing and social media strategy for the upcoming International SBCC Summit in Addis Ababa, Ethiopia, and has been actively promoting the event on social media, through HC3 websites and through our partners. The team also developed the Summit website and a [Google Ad](#) to drive traffic to find out more about the Summit. So far the Google Ad has

received nearly 3,400 clicks. The Summit promises to be a huge success if the number of abstracts submitted (564) is any indication.

Sub-activity	Deliverables	Key Outcomes
3.2.1: Dissemination of Technical Products and Tools Through Traditional Outlets	Monthly blogs, features, fact sheets and stories on HC3 website and in newsletter, with additional dissemination through Springboard and Health COMpass networks.	<p>Blogs: Published 92 blogs total on a variety of topics. Top blogs include one announcing the Resource Mobilization implementation kit.</p> <p>Features: New features on the HC3 website include an expanded section on SBCC with the addition of the infographic and the animated infographic. Another popular addition was the searchable database table for Urban Youth containing evidence of health communication's impact.</p> <p>Fact Sheets: Fact sheet posted on capacity strengthening and community engagement.</p> <p>Additional dissemination through Springboard and Health COMpass: Blogs and other links on the HC3 site refer readers to the Springboard to continue the discussion. In fact Springboard is the top outbound link from the HC3 site, followed by the implementation kits' site and then Health COMpass. Springboard posts link back to the HC3 website, in particular, webinars. Also cross-post HC3 blogs on Springboard to drive traffic back to HC3.</p>
	Online interactive version of CCP's Field Guide to Designing a Health Communication Strategy.	<p>Completed in August 2015. http://sbccimplementationkits.org/courses/designing-a-social-and-behavior-change-communication-strategy/</p>
3.2.2: Dissemination with New and Social Media	One animated motion graphic.	<p>Completed in September 2015. https://www.youtube.com/watch?v=RN0F7jAFkgw</p>
	First two graphics in Data Visualization series.	<p>An infographic on "Urban Youth and SBCC's Impact" was created. http://www.slideshare.net/HealthComCapacity/bcc-infographic</p> <p>Other infographics will be created in Year 4 with the development of an overall Family Planning evidence package.</p>
	One video on Tanzania Channels study.	<p>This activity is on hold awaiting finalization of the report and determination of appropriateness for video.</p>
3.2.3: Dissemination of Major Milestones, Tools at Global Events	Making the Case SBCC events and exhibits, at least two major global conferences, including the American Public Health Association (APHA).	<p>HC3 attended the American Public Health Association (APHA) Conference in November 2014 to disseminate project materials. One HC3 staff member manned a booth each day over the three and a half-day conference which draws more than 12,000 health professionals. Materials disseminated:</p> <ul style="list-style-type: none"> • HC3 General brochure/ Health COMpass /Springboard (100) • Social media engagement: Twitter: 45,592 impressions <p>Other engagement activities: one blog on HC3 27 website, one Facebook post, 12 Facebook shares on HC3 website event listing.</p>

OTHER ACCOMPLISHMENTS

- Developed a website for the upcoming International SBCC Summit
- HC3 created searchable databases to house the evidence of SBCC impact—so far, there is one on HIV and one on Urban Youth.
- Finalized and disseminated the Ghana GoodLife video, showing the effect of a national SBCC campaign.
- Packaged and disseminated all webinar materials, including the recording, presentations and webinar Q&A.

YEAR 4 PRIORITIES

- Family planning evidence package with:
 - Infographics
 - Online searchable evidence database
 - Fact sheets
- Exhibit booth and Springboard app launch at ICFP 2015.
- Dissemination of evidence package and other HC3 reports and deliverables.

Activity 3.3: Ensure Efficient Project Management and Operations

YEAR 3 ANNUAL PROGRESS HIGHLIGHTS

Implementing systems to enhance smooth operations and outputs under HC3 remains a continued priority for the Project Director and managers during this period. The attention focused on continuous refinement of financial reporting systems to meet USAID activity reporting requirements, project monitoring feedback to ensure timely completion on Year 3 deliverables and developing efficient project management and reporting systems across all HC3 elements. In keeping with its focus with timely financial reporting, HC3 made concerted efforts during Year 3 to document cost-share, and the project is meeting its 10% cost share requirement against obligated funds. Based on the recommendations from the projects mid-term evaluation, conducted during the final quarter, HC3 management began a process of implementing adjustments to the HC3 strategic vision to support the project's responsiveness to priority deliverables and ensuring defining achievements across the entire portfolio.

Deliverables	Key Outcomes
Three HC3 partner meetings.	HC3 held project-wide meetings with partners in October 2014, January 2015 and May 2015, as well as in September for the mid-term evaluation debrief and smaller topic-specific meetings.
Project financial, narrative and management reports per PRH schedule including baseline financial reports, financial pipeline updates, semi-annual and annual project activity reports, results report and management review report.	Quarterly financial reports (including Pipeline reports, Federal Financial Report and baseline reports) submitted per schedule. Project annual report, results review report, management review, preliminary funding concept notes and budget requests submitted per USAID deadlines.
All core partner sub-awards issued.	All core partners have active sub-awards under HC3. During the performance period, HC3 requested ceiling increases for Management Sciences for Health (MSH), PSI, Internews (for

	falsified drugs/malaria) and NetHope to accommodate expanding scopes of work under HC3.
All country partner sub-awards issued.	HC3 has hired a dedicated financial analyst to streamline procurement compliance, documentation completion and processing of sub-awards and purchase awards. The creation of this role under HC3 has facilitated more accurate and thorough completion of sub-awards with country partners and more active progress monitoring of open awards against deliverables.
Ongoing engagement in at least four working groups.	HC3 team members participate in several USAID working groups across health theme sectors. These groups include the mHealth Working Group, Gender Working Group, HIV-FP Integration Working Group, RBM SBCC Working Group, Core Group and the Male Methods Working Group. HC3 team members are also active in VMMC-related CoPs and will be joining USAID's High Impact Practices CoP.

OTHER ACCOMPLISHMENTS

- Aggressively tracked, documented HC3's cost share. HC3 met and is currently at its 10 percent contribution-to-date obligation.

YEAR 4 PRIORITIES

- Strategic—refine HC3's overall priorities for the last two years.
- Strengthen documentation of HC3's capacity approach.
- Increase the emphasis on integrating monitoring, learning and the processes among core and country programs.
- Ensure sound financial management of project resources and compliance with U.S. Government (USG) regulations.

Section 2: HIDN-Funded Activities

In Year 3, Office of Health, Infectious Diseases and Nutrition (HIDN)-funded activities centered on CS and finalization of the adaptable demand generation strategies for UNCoLSC identified commodities for reproductive, maternal, newborn and child health (RMNCH). The Demand Generation I-Kit was edited based on pre-test findings, formatted, and the online version finalized and uploaded.

In-country dissemination events were held in eight countries, while representatives from more than 50 countries were oriented to the resources available in the I-Kit. Regional- and global-level events were also leveraged to promote its use. Capacity of local implementing partners was strengthened to utilize the I-Kit to develop demand generation strategies for these RMNCH commodities in their countries.

The team will continue to promote the I-Kit through marketplace and other events at ICFP in January 2016 and the SBCC Summit in February 2016. Additionally, in Year 4, UNICEF will continue to provide catalytic funds to the implementing partners in Bangladesh, Nepal, Madagascar and Tanzania, while HIDN -funded activities will provide technical support to these country-level partners. Case studies documenting the partner activities will be developed and disseminated through various online and offline platforms.

Activity 1: Build Capacity of Local Organizations to Develop Communication Strategies to Increase Demand for Underutilized Reproductive, Maternal, Newborn and Child Health Commodities

Sub-activity	Deliverables	Key Outcomes
1: Micro-grants for Local Organizations to Develop Communication Strategies for Underutilized Lifesaving RMNCH Commodities	Small grants concept note RFP.	The concept note and RFP for the small grants has been developed. The RFP has been adapted and launched in three countries; Nepal, Bangladesh and Madagascar.
	Small grants established (selection and administration).	Four organizations have been selected to receive small grants; one in Nepal, one in Bangladesh and two in Madagascar. The small grants will be implemented through June 2016.
	In-country workshops with grantees.	TA to grantees is ongoing and will continue for all grantees through the end of the grants in June 2016. TA is provided in-country, as able, or remotely.
	National or sub-national communication strategies to increase demand for underutilized RMNCH commodities.	At least seven countries have incorporated demand generation programs in the roll-out of the activities in their country plans.
	Case study/lessons learned/implementation documented from all grantees.	Case studies based on lessons learned from the small grantees will be developed and disseminated in June 2016.

Activity 2: Dissemination of the Demand Generation Implementation Kit to Increase Demand Generation for Underutilized Commodities in Reproductive, Maternal, Newborn and Child Health

Sub-activity	Deliverables	Key Outcomes
1: Virtual and In-person Global and Regional Dissemination of DG I-Kit	Dissemination/promotion through global/regional conferences and meetings.	<p>A dissemination plan was developed to leverage opportunities to promote the <i>Demand Generation I-Kit</i> at the global and regional level. The Demand Generation Working Group promoted the I-Kit with a diverse group of stakeholders including presentations, conference sessions and side events at:</p> <ul style="list-style-type: none"> • Reproductive Health Supplies Coalition Annual Meeting in Mexico City, Mexico • APHA Annual Conference in New Orleans, USA • SBCC skills building session at the Global Consultation on Female Condoms held in Lusaka, Zambia • UNCoLSC Provider Performance Technical Meeting (Francophone) in Dakar, Senegal • UNCoLSC Provider Performance Technical Meeting (Anglophone East Africa) in Addis Ababa, Ethiopia
	Springboard discussion fora created.	A Springboard discussion forum has been created to address questions related to the I-Kit.
	At least three online webinars.	<p>A series of three webinars is being developed and will focus on cross-cutting topics related to increasing demand for and utilization of reproductive, maternal, newborn, child and adolescent health (RMNCAH) commodities. The three webinars plan to cover the following topics:</p> <ul style="list-style-type: none"> • Gender: Reaching men and boys with RMNCAH communications • ICT and New Media: Using new media to reach youth • Public-Private Partnerships <p>The first of the three webinars, on gender, is planned for December 2015.</p>

OTHER ACCOMPLISHMENTS

- Between October 2014 and September 2015, the *Demand Generation Implementation Kit* online resources and tools have been viewed by 14,310 users during 18,280 sessions. Almost 78 percent of these users were new visitors to the site, and 21.1 percent were repeat visitors. During the 18,280 sessions, there were 36,559 page views.
- The *Demand Generation Implementation Kit* was disseminated at workshops in seven countries, including Nepal, Bangladesh, Zambia, DRC, Madagascar, Senegal and Ethiopia. The events in Zambia, Senegal and Ethiopia reached participants from a variety of countries in the region (Senegal and Ethiopia) and globally (Zambia). In total, stakeholders from over 40 countries have

been reached through these events. The dissemination events oriented participants to the Demand Generation I-Kit and have targeted the MOHs, USAID/Mission staff, implementing partners and other country stakeholders who either currently work on demand generation activities or would like to include or support such work in the future. In-country dissemination of the Demand Generation I-Kit has taken several forms, including large dissemination events with all stakeholders and/or smaller workshops or meetings with specific stakeholders and implementing partners who are interested in applying the I-Kit to develop communication strategies around one or more of the underutilized RMNCH commodities.

- An offline version of the I-Kit was created to allow for dissemination to implementing partners with limited or unreliable internet access. Flashcards with the I-Kit in English have been disseminated at events in Nepal, Bangladesh, Zambia and Ethiopia, and in French in Senegal.
- Demand generation landscape assessments for the 13 RMNCH commodities have been conducted in Nepal, Bangladesh, Madagascar and the DRC. These assessments have been used to help identify gaps in demand generation programming and information country plans (in Uganda and DRC).

YEAR 4 PRIORITIES

- Continual dissemination and promotion of the Demand Generation I-Kit at global and regional conferences, as well as through virtual platforms, like Springboard and the Communication Initiative.
- Conduct in-country dissemination in at least one additional country.
- Manage the implementation of micro-grants to local organizations to develop and implement communication strategies in Nepal, Bangladesh, Madagascar and at least one additional country.
- Provide in-person and virtual TA to assist country-level stakeholders in building local capacity to develop communication strategies for underutilized RMNCH commodities.

Section 3: PMI-Funded Activities

To build capacity, HC3 focused on determining what tools and resources were needed by SBCC professionals, the field and the National Malaria Control Programme (NMCP), as well as continuing to strengthen the RBM CCoP. With the RBM CCoP in transition, it was important for HC3 to provide leadership, and as a result, the annual meeting was very successful—it has expanded and remained strong.



The RBM CCoP at the meeting in Kampala in 2015.

Additionally, HC3 was the first to look at substandard, spurious, falsely-labeled, falsified, counterfeit (SSFFC) anti-malarial drugs, including growing stakeholders' ability to understand how SBCC contributes to countering this issue.

IR1 Activities: Increased SBCC Capacity

Activity 1: SBCC Initiative to Counter Falsified and Substandard Anti-malarial Drugs

Sub-activity	Deliverables	Key Outcomes
1: Environmental Landscape and Design of Falsified Drugs SBCC initiative	Environmental Landscape document.	Completed. Submitted to PMI, the Office of the Inspector General (OIG) and the Global Stakeholder Committee. Will continue to update as new information is collected.
	Global concept note.	Completed.
2: Expert Consultation in the Field	Expert consultation meeting in the field.	Completed. Held in Ghana, July 28-29, 2015. Twenty-three participants.
	Communication strategy document.	Global strategy document not created, but feedback from six countries will define introduction to the global tool kit. Action plans were created for six countries, as well.
3: SBCC Toolkit for Falsified Malaria Medicines	Production of SBCC Toolkit with messaging, sample materials, training and media guides.	Draft received in November.
	Media kit on falsified medications for anti-malarials.	Internews contract delay, but now signed and work has begun in Nigeria to design materials. Media Kit deliverable carried over into Year 4.
4: Rollout of SBCC Falsified Drug Initiative in Two Countries	Country-focused landscape documents for Nigeria and one additional country.	Reduced to one country. Nigeria completed. Disseminated to stakeholders at June Abuja meeting.
	Country-focused concept notes and strategic plan for falsified drug campaigns in Nigeria and one additional country.	Nigeria completed.

	Country stakeholder meetings in Nigeria and one additional country.	Nigeria completed. First was held June 16 -17, 29 participants. Second was held on October 12 to review materials.
	Development of identified tools and materials for campaign (adaptation of toolkit to country context) for Nigeria and one additional country.	Nigeria material design process. Expected January 2016.
	Report on TA provided to Nigeria and one additional country.	Pending.
5: Creative Support in the Development of Promotional Materials for the USAID OIG Rewards Program Rollout in Benin, Nigeria and One Other Country (TBD)	Development of communication strategy for Benin OIG materials.	Completed for Benin.
	Three final poster drafts for Benin (English and French).	Completed for Benin.
	Development of press releases for U.S. Embassy dissemination.	Completed for Benin and Nigeria.
6: Development of Cross-Border Falsified Drug Initiative	A regional meeting on cross-border initiative with global and country stakeholders.	Incorporated into global stakeholder meeting in Ghana.
	Strategy document on rollout of cross-border initiative and recommendations for materials adaptation.	Deemed not appropriate time for this.

Activity 2: Support to Roll Back Malaria

Deliverables	Key Outcomes
Secretariat support to CCoP: Bi-monthly Steering Committee conference calls.	The RBM CCoP held three Steering Committee calls, hosted by HC3 on the following dates: October 14, 2014, January 7, 2015 and February 10, 2015, April 14, 2015, June 9, 2015, August 25, 2015 and October 20, 2015.
Bi-monthly General CCoP conference calls.	The RBM CCoP conducted five calls on the following dates: November 18, 2014, January 13, 2015, March 10, 2015, May 11, 2015 and July 7, 2015. Call participation ranged from 13-15 participants. These calls included the following presentations: <i>Attitudes, beliefs and practices relevant to malaria prevention and treatment</i> (November), <i>Malaria control in Ebola districts of Sierra Leone</i> (January), <i>Empowering children in the fight against malaria using radio</i> (March), <i>Global call to action to increase national coverage of intermittent preventive treatment of malaria in pregnancy for immediate impact</i> (May), and <i>Presidents Malaria Initiative Strategy 2015-2020</i> (July). Recordings of July, January and March calls were also accessed four, 10 and 11 times, respectively, via our Sound Cloud page.

Coordination of the CCoP listserv and time frame.	HC3 maintained the CCoP listserv, now totaling 265 members.
Creation and dissemination of CCoP e-newsletter.	Twenty-nine newsletters were sent to an average of 210 recipients this year. Between 30 percent and 40 percent of those who receive each newsletter read it. The group's open rate is 10 percent higher than the industry average. The newsletter consists of call reminders (including the agenda and information about the presentation), call follow-ups (including meeting minutes, presentation files and audio recordings of each call), ad-hoc announcements (like the Global Malaria Action Plan [GMAP2]) feedback solicitation from RBM) and announcements for consultant needs.
Dissemination of CCoP partners' SBCC resources and tools via RBM website, e-newsletter and CCoP listserv.	The e-newsletter and CCoP listserv were used to disseminate partner SBCC resources, including materials related to three partner presentations given during the CCoP calls, a survey from the RBM M&E Task Force on M&E needs, a terms of reference (TOR) request for the RBM MAWG, and drafts of WHO's Global Technical Strategy (GTS) and GMAP2 documents for review. Since October 2014, health professionals from at least 25 organizations have accessed materials through the CCoP listserv. Links to resources shared in listserv emails were clicked 2,400 times this past year. The July call reminder alone contained links clicked 491 times.
Support to RBM website manager (should the need arise), as well as to the RBM CCoP Knowledge Management Task Force in its development of a BCC consultant database.	As the future of the RBM Secretariat is yet uncertain, the RBM CCoP Knowledge Management Task Force is currently using the group's Springboard page to share resources. The group will support the website manager of whichever organization takes over the rollbackmalaria.org website.
Annual CCoP meeting in field.	Completed. Held in Kampala, Uganda, Sept 29-30, 2015 and attended by 49 participations from 19 countries.
<i>SBCC Technical Support to RBM:</i> Two presentations to regional RBM and other stakeholder meetings.	In March 2015, Terry Muchoki presented at the Advocacy for Resource Mobilization for Malaria (ARMM) workshop in Zimbabwe. Approximately 30 people were in attendance.
Two TA trips to support country level SBCC needs (co-sponsored by RBM).	Deemed not necessary.
Coordination of a webinar on incorporating SBCC into Global Fund Concept Notes.	Pending
Identifying and recruiting key African SBCC practitioners with potential to contribute to and gain from the CCoP.	HC3 has been proactive at identifying SBCC practitioners to expand the reach of the CCoP. HC3 has developed a list of key SBCC practitioners and stakeholders in all of 19 President's Malaria Initiative (PMI) countries and succeeded in vastly expanding the CCoP listserv and involvement in the annual CCoP meeting. In preparation for the 2015 annual meeting in Kampala, the HC3 team reached out to the NMCP SBCC leads of each PMI country, as well as several non-PMI countries. These leads, in turn, provided contact information of local implementing partners. This outreach expanded group's reach from 214 in July to 265 in September.
Participation in the Technical Advisory Group for the Global Fund's Communities, Rights and Gender (CRG).	Anna McCartney Melstad of HC3 was elected co-chair of the CRG Technical Advisory group. As such, she attended the CRG meeting in Geneva in November, chaired seven monthly CRG

	calls, reviewed policy documents, recruited for the malaria delegation and developed presentations and TOR for working groups.
Opportunities identified at the country and regional level to disseminate SBCC best practices to partners and the NMCP.	A primary focus this year was to promote SBCC malaria resources and best practices at the country and regional level. This was accomplished through the CCoP outreach (bi-monthly calls and presentations, newsletters, and the annual meeting) and its ongoing and short-term field presence, including the HC3 Nigeria malaria project and the global SSFFC project, and use of the HC3 platform (Springboard, Health COMPass and webinars.)
Provide overall strategic counsel and act as technical focal point for SBCC CCoP.	HC3 provided SBCC TA to RBM in its development of the GTS and AIM documents and to the PMI BCC Working Group with an SBCC summit to discuss malaria SBCC peer-reviewed and grey literature and program reports. Individual requests for information and SBCC resources were provided to: <ul style="list-style-type: none"> • PATH/MACEPA (resources for Test, Track, Treat: provided to Scott Wittet on September 14, 2015) • PMI/Zambia (resources related to ITN misuse: provided to Chomba Zingyangwe on August 6, 2015)
Serve on CRG Advisory structures as needed (Key Populations Expert Group, Human Rights Reference group, CRG and Interagency Organizational Task Team working on CSS).	Anna McCartney Melstad of HC3 was elected co-chair of the CRG Technical Advisory Group.

Activity 3: Building the Evidence/Disseminating the Tools

Sub-activity	Deliverables	Key Outcomes
1: Survey Report	Nigeria baseline survey report.	Completed.
	Final survey comparison report and guidance document with recommendations on application of findings to SBCC programming (English and French versions).	Pending. Draft expected end of November.
	Presentation of report to PMI and stakeholders.	Pending.
	Dissemination of findings through HC3 and RBM virtual and face-to-face platforms (and webinar if warranted).	Pending.
	Writing and submission of related articles to peer reviewed journals.	First was submitted in October 2015. Two more expected in December 2015.
	Dissemination of journal articles to PMI and other malaria SBCC networks.	Pending.

	Data analysis workshop for NMCP Liberia M&E team (pending).	Pending. Deemed inappropriate during Ebola outbreak. May be included in Year 4 work plan.
2: Development and Publication of Two to Three SBCC-focused Papers	Secondary analysis reports on available malaria behavioral data.	Incorporated into journal articles.
	One to two articles on the evidence of SBCC impact in malaria.	Kilian article on net use in Nigeria submitted in November 2015. Draft of second expected in November 2015.

Activity 4: Support to PMI Country Teams on SBCC for Malaria

Deliverables	Key Outcomes
Trip reports on TA or CS activities completed	No TA needed.

Activity 5: Malaria in Pregnancy Technical Support

Deliverables	Key Outcomes
Literature review of service provider attitudes and norms with respect to malaria prevention, diagnosis and treatment.	PMI sent progress report on October 13, 2015. First draft submitted to PMI on November 12.
Illustrative guide on malaria in pregnancy (MIP) for country planners	Draft completed and submitted to RBM Malaria in Pregnancy Working Group on December 18, 2014 for feedback. Feedback incorporation complete. Final draft to be submitted to working group upon completion of consultant recommendations regarding service providers.
Dissemination of illustrative guide to PMI country teams.	Pending.

Activity 6: Leveraging the Power of the HC3 Integrated Platform for Building the Evidence Base and Strengthening Capacity in Malaria SBCC

Deliverables	Key Outcomes
Two robust malaria SBCC discussion groups on the Springboard platform.	Completed one. HC3 has been actively engaging with malaria SBCC practitioners through the RBM Task Force: Knowledge Management Springboard group. Sixty-four members have joined since the group's creation in 2014. Call minutes and resources from the November 18, January 13, March 10, May 11 and July 7 CCoP calls have been posted to the group page. The group page was used to disseminate RBM CCoP Kampala meeting materials before, during and after the event.
Two malaria SBCC "Trending Topics" forums on the Springboard platform.	<i>Malaria SBCC Strategies</i> was held on December 6, 2014, and <i>Using Household Surveys to Inform Malaria SBCC</i> on April 23, 2015.

Malaria SBCC program documents, tools and resources uploaded onto Health COMpass.	The HC3 team posted the PMI M&E Strategy for BCC (Source: PMI) to Health COMpass.
Two malaria SBCC “Trending Topics” on Health COMpass platform.	One completed. HC3 hosted a trending topic on Using Household Surveys to Inform Malaria SBCC (for two weeks, starting April 27, 2015). The second trending topic, on SSFFCs, will be compiled in time for the release of the I-Kit.
Two webinars.	Completed one: <i>Using Household Surveys to Inform Malaria SBCC</i> was held on April 23, 2015.

IR2 Activities: Establishing Tools and Systems for Professional Development in SBCC

Activity 1: Case Management Guidance Document

This document will provide guidance on how to choose, cost and carry out impact evaluations for malaria case management SBCC that prove attribution to specific interventions, programs and campaigns. Describing existing community-, regional- and national-level malaria case management SBCC interventions, the first draft of the literature review was submitted in Year 3. This review will help to inform the guidance document.

Deliverables	Key Outcomes
Guide on M&E methodology for Malaria Case Management.	Concept note and scope of work for guidance on impact evaluation of malaria case management was approved on May 27, 2015. The consultant was notified of selection on July 14, 2015.

OTHER ACCOMPLISHMENTS

- Poster presentation accepted and exhibited at APHA: *Case Management of Malaria: A Review and Qualitative Assessment of Social and Behavior Change Communication in Four Countries.*
- Two poster presentations accepted and exhibited at ASTMH: *Factors associated with the uptake of malaria prophylaxis during pregnancy among female caretakers in Madagascar, Correlates of prompt and appropriate treatment of malaria in children in Madagascar.*
- Oral presentation accepted and exhibited at APHA: *An Ideation Model: Attitudes, Beliefs and Practices Relevant to Malaria Prevention and Treatment in Madagascar.*
- HC3 contributed to PMI's presentation on substandard and falsified medicines (Beijing 2015).

Section 4: OHA-Funded Activities

In Year 3, HC3's OHA-funded activities brought together many different partners and core content areas. The comprehensive youth sexuality online teacher training course in Eastern and Southern Africa (ESA) was an inter-agency collaboration that included UNESCO, UNFPA and HC3. It reached teachers across ESA and helped to form new partnerships between the Ministries of Health and Ministries of Education, all working together on a common goal.

In developing an overarching communication framework focused on the interaction between hormonal contraception and HIV, people living with HIV and other stakeholders had an opportunity for input into the framework, which relied on global evidence and the support and direction of the Ministries of Health. Additionally, the VMMC counseling guide was a collaborative process between USAID, the Centers for Disease Control and Prevention (CDC), Department of Defense and PEPFAR. The evidence database also synthesized the latest evidence related to the impact of health communication across HIV outcomes creating an easily accessible resource for many.

IR1 Activities: Increased Capacity of Indigenous Organizations to Design, Implement, Manage and Evaluate Evidence-Based Health Communication Interventions

Activity 1: Evaluating Condom Positioning and Communication for Youth

Sub-activity	Deliverables	Key Outcomes
Carry Out Formative Research/Secondary Analysis, As Needed	Selection of countries.	While some progress was made in discussions led by USAID-Washington with USAID missions in southern Africa, no final decisions were made on country selection. HC3 awaits USAID-Washington's word on next steps with a planned TDY to the region likely next year to finalize the country selection.

Activity 2: Enhanced Linkages to Care through HIV Testing and Counseling

Sub-activity	Deliverables	Key Outcomes
Module Development	Selection of countries.	Namibia was chosen for implementation of the activity.
	Literature scan on PITC.	The literature scan was completed.
Pilot Testing of the Module	Module developed.	The module was developed.
	Training guide developed.	The training guide is awaiting finalization after the pretest.
	Pilot tests conducted.	While Namibia was selected as the country for pilot testing, the testing and adaptation did not take place due to delays within the mission.

Activity 3: Voluntary Medical Male Circumcision Technical Communication Assistance

Sub-activity	Deliverables	Key Outcomes
Support Production of Advocacy Materials Highlighting Successful VMMC Programs and Lessons Learned	Advocacy Materials	An FAQ on early infant medical male circumcision (EIMC) was developed and distributed and revisions made to the USAID VMMC website.
Development of Country-level Case Studies	Country-level case studies distributed.	Case studies disseminated widely and available on the male circumcision clearinghouse. These include a case study on working with private providers in South Africa and overcoming seasonality in Tanzania. The Tanzania case study has been presented at several global VMMC meetings. The South Africa private providers' case study was distributed in Namibia as part of a training for the network of private providers offering VMMC services in Namibia.
Provide TA to the 14 Priority Countries on Demand Creation and Other Communication Needs	<p>TA trip to Zimbabwe in October as part of interagency team for external quality assessment of VMMC sites.</p> <p>TA trip to Namibia in February to assess communication needs of private providers now offering VMMC services.</p> <p>TA trip to Namibia in July to support the network of private providers in generating demand for their VMMC services.</p>	<p>Recommendations made to Zimbabwe MOH on how to improve the quality of in-service communication and counseling at VMMC sites. Assessment tool G was piloted during this trip and then revised extensively as a result.</p> <p>Needs assessment report and communication plan developed and distributed to the team.</p> <p>A short-term strategy developed to generate demand among health insurance holders and to tap into doctors' existing clientele.</p>

Activity 4: Leveraged Use of Springboard, Health COMPass, Communication and Dissemination

Sub-activity	Deliverables	Key Outcomes
Springboard	HIV-specific conversations on Springboard.	HC3 hosted an HIV-specific conversation on Springboard focused on findings from articles from the JAIDS supplement. There were a total of 23 topics and 49 posts in the Discussion section.
	Post HIV content.	HC3 posted two articles from the JAIDS supplement to generate discussion on Springboard, and Michelle and Carol moderated discussions over a two-week period.
Health COMPass	HIV SBCC materials posted.	Six tools and seven resources were posted on the Health COMPass and a blog was written as part of an HIV-focused Trending Topic on "The Role of

Communication and Dissemination		SBCC in the HIV/AIDS Continuum of Care.”
	HIV focus package.	The focus package mentioned above was posted in December.
	Blog posts.	The HIV team posted a blog focused on the new treatment guidelines in September.
	HIV material posted to HC3 website, social media, etc.	Five HIV-related blogs written and posted to the HC3 website were all disseminated through various social media channels. The blog posts received a total of 1151 page views. HIV-related tweets had a reach of 374,670 and were retweeted 100 times. HIV-related posts on the HC3 Facebook page had a reach of 2933 and 110 likes.

Activity 5: VMMC Tools and Resources

Sub-activity	Deliverables	Key Outcomes
Tools Validation	Validate broader VMMC in-service communication tools and materials for use in USAID missions.	Working with the communication subgroup, HC3 has helped finalize the VMMC counseling guide to be used as a reference for all VMMC programs. The guide will be finalized in the first quarter of next year.
	Participation in communication subgroup meetings.	Participate in biweekly calls with the communication subgroup.
Adolescent VMMC Assessment Tools	Develop tools following the findings of the adolescent VMMC assessment.	No tools are developed yet as the findings from the adolescent VMMC assessment are not yet available.

Activity 6: Emerging Evidence/Global Knowledge

Sub-activity	Deliverables	Key Outcomes
Develop Considerations Related to Emerging Evidence	Contribution to global knowledge.	As new articles are published on health communication and the role it plays across the HIV continuum of care they are added to the evidence database to highlight the results.

IR2 Activities: Establishing Proven Systems for Professional Development in SBCC Systems

Activity 1: Comprehensive Youth Sexuality Teacher Training

Sub-activity	Deliverables	Key Outcomes
Online In-service Training on Course on Comprehensive Youth Sexuality Education for Teachers	Course content completed.	The course content was finalized with seven modules pretested in Swaziland, Lesotho and South Africa and posted on the online platform.
	Course brochure.	The course brochure was completed.
	Online course offered.	The course is online and being used by countries across east and southern Africa including Botswana, Lesotho, Namibia, Malawi, South Africa, Swaziland, Uganda and Zambia with 987 teachers enrolled by the close of the year.
Peer Review of the Course	Peer review of the course content conducted.	Peer review of the content completed by UNESCO, UNFPA and HC3.
Field Testing of the Online Course in Three Countries	Field testing complete in South Africa, Swaziland and Lesotho.	Field testing completed in Swaziland, Lesotho and South Africa.
Pre-service Teacher Training Version of the Comprehensive Youth Sexuality Education Course	Pre-service adaptation of course.	UNESCO and UNFPA decided not to adapt the course into pre-service training through its partnership with HC3 and will pursue this possibility over the next year.

Activity 2: Voluntary Medical Male Circumcision Webinars

Sub-activity	Deliverables	Key Outcomes
Women and VMMC Webinar	Participation in planning calls.	Several planning calls were held with participation of the USG VMMC technical working group (TWG) members, as well as WHO and UNICEF colleagues. The CDC took the lead in pulling together the presentations and moderating the webinar.
	Promotional material.	Promotional emails, including a 'Save the Date' and a reminder, were sent out in advance of the webinar to generate interest.
	Dry runs.	Two dry runs were completed.
	In-country listening groups.	Thirteen in-country listening groups were held and the number of participants at each group ranged from five to 24.
	Webinar.	The webinar was held on November 19 with 225 participants.
	Post-webinar survey.	There was a response rate of 66 participants for the post-webinar survey. Ninety-four percent of participants agreed that they enjoyed the webinar and 91 percent stated they had learned something

		new.
EIMC Webinar	Participation in planning calls.	Planning calls were held with participation of the USG VMMC TWG members, as well as WHO and UNICEF colleagues. UNICEF took the leadership in moderating the webinar and assisted in all planning and presentation development.
	Promotional material.	Promotional emails, including a “Save the Date” and a reminder, were sent out in advance of the webinar to generate interest.
	Dry runs.	Two dry runs were completed.
	In-country listening groups.	There were 10 country listening groups held for this webinar with number of participants ranging from three to around 50.
	Webinar.	The webinar was held on January 28 with 117 participants.
	Post-webinar survey.	Forty-four participants responded to the survey.
Sustainability Webinar	Participation in planning calls.	Two planning calls were held focused on the Sustainability Webinar and the webinar was held.
	Promotional material.	Promotional emails, including a “Save the Date” and a reminder, were sent out in advance of the webinar to generate interest.
	Dry runs.	Two dry runs were held with participants as well as individual checks for technology function.
	In-country listening groups.	Ten listening groups were held in nine countries: Uganda, Ethiopia, Kenya (2), Mozambique, Zimbabwe, Malawi, South Africa, Botswana and Lesotho.
	Webinar.	The webinar was held on July 9, 2015 with 160 participants.
	Post-webinar survey.	Fifty-five people responded to the survey with 100 percent agreeing or strongly agreeing that they learned something new from the webinar.
PEPFAR-only Webinar	Participation in planning calls.	Planning calls were held with the USG VMMC TWG for this USG-only webinar.
	Promotional material.	An email reminder with a private log in password was sent to only USG-invited staff to attend the webinar. No public promotion was done as this particular webinar was not meant for the wider public.
	Dry runs.	Two dry runs were held.
	Webinar.	The webinar was held on February 19.

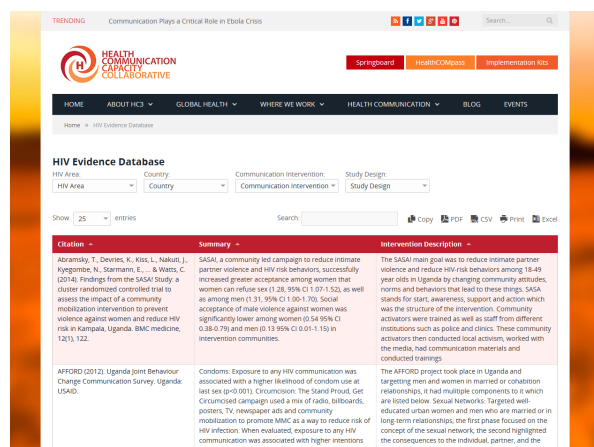
Activity 3: Hormonal Contraception and HIV

Sub-activity	Deliverables	Key Outcomes
Adapt a Country-Specific Communication Strategy	Meeting/workshop conducted in country to tailor strategy to country.	The stakeholder meeting was held in Swaziland March 30-31 under the leadership of the MOH and the Communication Framework was adapted to Swaziland.

	Country-specific strategy complete.	The document was finalized and shared with the MOH to take the TWGs for approval in-country with the Swaziland National AIDS Program. This final stamp of approval is expected in the first quarter of next year.
Develop, Pretest and Finalize SBCC Materials	Pretest of materials conducted in Swaziland and materials finalized.	Development and finalization of the materials was completed.
Regional Stakeholder Meeting: Dissemination of Lessons Learned	Report highlighting lessons learned.	The regional stakeholder meeting is planned for October 22-23, 2015 in the first quarter of next year, based on the dates provided for the PEPFAR FP-HIV Integration meeting.
	Regional meeting hosted.	Meeting held in the first quarter of next year.

Activity 4: Evidence Review

Sub-activity	Deliverables	Key Outcomes
Develop a Searchable Database	Develop database and make it public.	The evidence highlighting the impact of SBCC on HIV outcomes was placed in a searchable database and is now online on the HC3 website. The database includes 96 different articles and reports. Since its launch in February, there have been 442 page views with the average user spending almost 5 minutes on the page.
Develop Fact Sheets and Tools; Disseminate Widely	Develop fact sheets and tools.	HC3 developed five fact sheets and five infographics highlighting the evidence from the database across the following core outcome areas: Condom Use, HIV Testing and Counseling (HTC), VMMC, the Continuum of Care and Other Prevention.
	Disseminate fact sheets/tools widely.	This was completed.



OTHER ACCOMPLISHMENTS

- Hosted a webinar highlighting the JAIDS special issue focused on Key Populations in West Africa on April 16. There were over 50 people who listened in.
- Presented the JAIDS supplement on the impact of health communication HIV across the continuum at the USAID Mini-U.
- Developed a VMMC counseling guide. Currently undergoing final approval and will be finalized in the first quarter of next year.

YEAR 4 PRIORITIES

- Our highest priority is finalizing the country selection for both the condom activity and the HTC activity.
- Another priority is selecting countries for the Stigma activity and the Treatment activity.
- Producing a high quality special journal supplement focused on the impact of SBCC on HIV treatment outcomes.

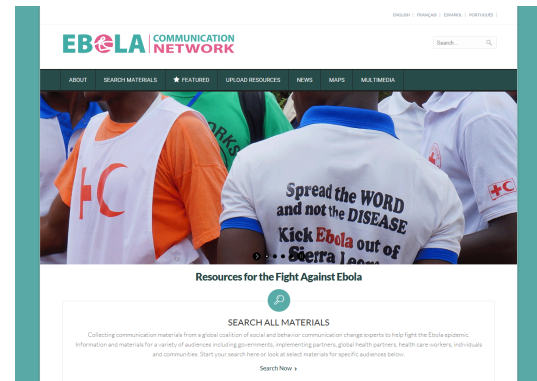
Section 5: Ebola Activities

Working as part of USAID's strategy to address the Ebola outbreak in Liberia and neighboring countries, HC3 supports the Government of Liberia, USG partners, global partners and local organizations to design, produce and implement high-quality, impactful SBCC for Ebola prevention and care. HC3 provides technical support to several key technical working groups under the Social Mobilization Sub-committee of the Integration Management System (IMS) of the National Ebola Response. These technical groups include the Research Monitoring and Evaluation (RM&E), Messages and Materials Development, Media and Documentation, and IPC/C.

HC3 began in-country support of the Ebola response in Liberia at the end of Year 2, playing a key role in coordination through the Social Mobilization pillar of the IMS, with a focus on research and M&E throughout Year 3. Additional research assistance was provided through technical support to the national KAP survey and fielding a qualitative study to help better understand the dynamics of Ebola at the community level.

HC3 expanded its Ebola response in Guinea at the beginning of Year 3 with research and program support to UNICEF, and in February 2014, conducted an Ebola communication assessment in Sierra Leone. The goal was to identify SBCC program and research gaps, as well as reproductive, maternal and newborn health and health systems more broadly.

In Year 3, HC3 developed the Ebola Communication Network (ECN) (<http://ebolacommunicationnetwork.org/>), an online library for Ebola-related SBCC materials, such as posters, infographics, videos and links to other helpful websites. One of these resources produced by HC3, the Ebola Communication Preparedness I-Kit (<http://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>), details instructions for instituting and implementing critical and timely communication for responding to the threat of an Ebola Virus Disease (EVD) outbreak. The I-Kit has received nearly 2300 page views since its launch in July 2015.



The team quickly moved into and focused on the post-Ebola response in the second half of Year 3. In Liberia, HC3 continues to support government structures and co-chairs the RM&E committee of the Transition structure. In Guinea, HC3 assessed the situation on the ground and provided recommendations as what USAID could do to restore basic health services, with a focus on RMNCH, post-Ebola.

Liberia

Deliverables	Key Outcomes
Enhance coordination for social mobilization for Ebola.	<ul style="list-style-type: none"> Actively participated in and provided technical input to the IMS Social Mobilization Pillar, MOH Health Promotion Technical Working Group, MOH Community Health Technical Working Group, and technical sub-groups.

	<ul style="list-style-type: none"> • With the MOH, formed the RM&E sub-group to share RME plans, tools and results and served as co-chair. • Provided concentrated support to the Messages and Materials Development sub-group through participating in twice weekly meetings, adding technical input to the review and approval of messages and materials, and supporting the group's transition to a resource for creating current and pertinent messages and reviewing materials for Ebola, as well as RMNCH. • Led a CS workshop for 13 county-level health promotion focal persons and provided material support in conjunction with the MOH and county health team.
Support general community health volunteers (gCHVs) in their ability to support the Ebola response.	<ul style="list-style-type: none"> • Developed and produced 500 copies of the Bridges of Hope community engagement toolkit. • Trained 18 master trainers in the Bridges of Hope methodology and toolkit. • Conducted Bridges of Hope orientation workshops in six counties for a total of 552 gCHVs and officers in charge from 138 health facilities, who in turn conducted over 1,700 Bridges of Hope sessions in their community catchment areas.
Radio spots.	<ul style="list-style-type: none"> • Held three regional meetings with community radios to distribute produced radio spots, assess stations' involvement and contribution to the Ebola response, and solicit support and collaboration. • Broadcast six radio spots in 18 local languages on 32 radio stations throughout the country, with the spots aired 120 times by each station during a period of 30 days and then again 240 times during a period of 60 days. The radio spots addressed safe burials, spread and prevention, surviving Ebola through early treatment, what to do if signs and symptoms of Ebola and what to do while waiting for help. • Broadcast two radio spots in 18 local languages on 32 radio stations, with each station airing the spots 168 times during a 42-day period. The radio spots addressed remaining vigilant.
Support to 4455 Call Center.	<ul style="list-style-type: none"> • Developed a call agent's manual. • Provided training to call agents on how to answer questions related to the Ebola Vaccine Study.
Support to the Ebola Vaccine Study.	<ul style="list-style-type: none"> • Conducted a listening exercise to inform the communication and social mobilization strategy. • Provided technical and material support to the launch of the vaccine study. • Provided on-going technical support to the social mobilization efforts for the vaccine study.

OTHER ACCOMPLISHMENTS

- HC3/Internews
 - Supported five small grants recipients and 11 additional training participants to support the production of journalist stories.
 - Launched the DeySay rumors monitoring system using UNICEF's RapidPro software system, addressing the information gaps feeding the rumors through the Media Newsletters and Humanitarian Newsletters.
 - Published 18 Media Newsletters, which were distributed to 317 journalists resulting in 45 radio and newspaper articles produced and 100 contacts between the media and humanitarians.
 - Published 17 Humanitarian Newsletters, which were distributed to more than 500 humanitarian staff belonging to more than 250 organizations operating in Liberia.
- Provided material support to the Ministry of Information, Cultural Affairs and Tourism to increase their capacity to duplicate the content of the press conferences for national dissemination to journalists outside Monrovia.
- Served on the Ebola Community Action Platform (E-CAP) Technical Advisory Board- reviewed hundreds of E-CAP proposals, served as a liaison between E-CAP, MOH and USAID, as needed.

YEAR 4 PRIORITIES

- Continue to engage within the MOH's Health Promotion Technical Working Group and Community Health Technical Working Group and relevant sub-committees in order to build a stronger foundation for SBCC within the MOH at several levels.
- Expand the role out of the Bridges of Hope through additional county level trainings and engagement with local NGOs; implement a system for monitoring and supervision within the MOH county health teams; and revise materials to better reflect the changing health context and continue to broaden the scope to include additional health and social issues.
- Broadcast radio spots to address the evolving context of Ebola Virus Disease (EVD) as needed such as communicating updates on dead body practices.
- Provide support to the MOH to design, implement and analyze findings from the second national survey (KAP2) assessing KAP around Ebola and the restoration of health services as the country recovers from the outbreak.

Guinea

Deliverables	Key Outcomes
Support to Guinea	<ul style="list-style-type: none"> • Seconded two staff to UNICEF to provide research and program support through June and April respectively. • Developed a program description proposal that was funded through the GHET's Pillar II to assist with recovery efforts, focusing on the restoration of RMNCH services.

OTHER ACCOMPLISHMENTS

- Using forward funding, laid the groundwork for rolling out the HC3 Pillar II program by hiring international and local staff, setting up an office and conducting meetings with the Mission, government and other stakeholders.

YEAR 4 PRIORITIES

- Funding for the Guinea program is now through Pillar II of USAID's global Ebola response.

Sierra Leone

Deliverables	Key Outcomes
Support to Sierra Leone.	<ul style="list-style-type: none"> Conducted a landscaping mission to Sierra Leone and produced an assessment report. Developed a program description that was funded under Pillar II. Developed a quality study to look at issues around re-building trust and restoring services in Sierra Leone (study fielded under Pillar II) Provided five weeks of short-term TA to support UNICEF and the Social Mobilization pillar.

OTHER ACCOMPLISHMENTS

- Using forward funding, laid the groundwork for rolling out the HC3 Pillar II program by hiring international and local staff, setting up an office and conducting meetings with the Mission, government and other stakeholders.

YEAR 4 PRIORITIES

- Funding for the Sierra Leone program is now through Pillar II of USAID's global Ebola response.

Preparedness

Deliverables	Key Outcomes
Launch the Ebola Communication Network (ECN).	<ul style="list-style-type: none"> At the request of USAID, UNICEF, CDC and WHO, HC3 launched the ECN (www.ebolacommunicationnetwork.org) in a matter of weeks to house Ebola-related SBCC materials that were needed by global health experts responding to the crisis. This online repository of Ebola communication materials went live October 8, 2014 To date: <ul style="list-style-type: none"> 347 materials and resources are housed. The site has had 54,769 page views. Users have downloaded or accessed external links more than 1,500 times. Almost 300 users are signed up to receive updates via the ECN. Twenty-nine blogs have been published (19 of these were cross-posted from the HC3 site). The most recent blogs covered: Fighting Fear and Stigma with Accurate Ebola Information; As Ebola Epidemic Wanes, Transform Complacency with this Ebola Preparedness I-Kit; Communication

	<p>Research and the Response to Ebola: An ICA Panel May 21-25; Liberia's MICAT To Use Audio Equipment from HC3 for Public Health Outreach</p> <ul style="list-style-type: none"> ○ The top most downloaded material is the KAP report conducted by HC3 researchers in Liberia, Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia: Results of a Qualitative Study.
Other Ebola communication.	<ul style="list-style-type: none"> • HC3 published 23 blogs on the HC3 website about Ebola and two of those are among the top ten most visited blogs on the site. HC3 also added an Ebola section to the HC3 site. • HC3 participated in a Twitter Chat Relay with the USAID's Bureau of Global Health to discuss mobile-based research for Ebola. Total impressions (meaning delivery of the tweets to another account's Twitter stream) related to this relay participation were close to 1 million (908,000). • HC3 created a fact sheet for USAID, as well as one for public consumption. • Created a new resource that highlights the key events in the Ebola outbreak and response. http://healthcommcapacity.org/ebola-timeline/ • HC3 is developing a digital documentation resource highlighting the role of SBCC in stopping the Ebola epidemic. The content outline was drafted, and interviews, video footage and original photography were gathered from Liberia. A firm specializing in global health storytelling and animation was hired.
Support UNICEF with strategic TA.	<p>Strategic TA primarily took the form of seconding and deploying HC3 staff and consultants to assist UNICEF with the EVD response. This included:</p> <ul style="list-style-type: none"> • Deploying one consultant to provide SBCC TA, including materials development support for EVD case studies, to the UNICEF New York Office. • Seconding one program and one research staff to the UNICEF Conakry office. • Deploying one program staff to the UNICEF Sierra Leone office to provide short-term TA.
Support the West African Regional Ebola Preparedness agenda.	<ul style="list-style-type: none"> • Launched the Ebola Communication Preparedness I-Kit in July 2015, with input from WHO, CDC and UNICEF and was used to develop an Ebola Communication Preparedness Strategy for Cote d'Ivoire. The online I-Kit has been accessed by 271 users, going through 448 sessions and 2,226 page views with an average duration of 4:05 min. The 'bounce' rate – the rate in which people come to the site and left after viewing one page is low – only 25 percent left after one page. • Developing and nearly finalized a draft of the Emergency Communication Preparedness I-Kit based partly on the Ebola Communication Preparedness I-Kit, but defined more broadly for an array of emergencies. The guide includes useful tools, such as checklists for each critical

<p>Ivory Coast: Bolster the government of Cote D'Ivoire's EVD communication and coordination preparedness response through health systems strengthening and capacity building.</p> <p>Increase public awareness for EVD Preparedness through mass media</p> <p>Support UNICEF with strategic TA</p>	<p>preparedness phase, as well as a capacity assessment tool that can be used to assess the readiness of countries to prepare for emergencies.</p> <ul style="list-style-type: none"> • Fielded a series of SBCC consultants to support capacity building in communication for preparedness during a series of WHO-led national preparedness workshops in the countries at risk of Ebola transmission including Cote d'Ivoire, Mali, Ghana, Central African Republic, Cameroon, Niger and Senegal. • Conducted assessment of Ebola Preparedness Communication; recommendations shared (in English and French) with the government and key stakeholders, including UNICEF and integrated into the HC3 RCI EVD work plan. • Qualitative research on determinants of EVD preventive behaviors conducted in five regions: Abidjan, Danané, Ouaninou, Daloa and Abengourou; draft report shared. • Workshop to Update the GOCI EVD Communication Strategy organized with participation of the key actors (INHP, DHP), implementing partners (Médecin du monde, IRC, Croix Rouge Française, Abt) and representatives from the MOH. • Provided support to strengthen the Healthline 143 by adapting EVD phone counseling curriculum and conducting two EVD phone counseling training workshops for the 143 and 106 operators; trained 43 telephone operators. (Note: 106 is an HIV and AIDS health line, but as many people were calling it for information about Ebola, operators were included in the training) • Developed a small scale fund agreement of \$50,000 with UNICEF RCI office to cost share EVD preparedness activities.
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YEAR 4 PRIORITIES

- Complete the Digital Documentation Resource.
- Continue to support the ECN.
- Complete, pre-test and launch the Emergency Communication Preparedness I-Kit.
- For the Ivory Coast:
 - Support the government to finalize the National EVD Strategy and develop a Message and Implementation Guide.
 - Design data capture sheet for the health line 143 with an integrated resource guide for telephone operators; develop IVR content for callers that do not reach counselors.
 - Train journalists to cover EVD/epidemic preparedness.
 - Adapt and broadcast EVD PSAs and testimonials on national and local radios and TV.
 - Conduct communication-coordination assessment in the districts and develop new community communication tools based on findings.

Research

Deliverables	Key Outcomes
Qualitative study on community perspectives in Liberia.	Led a qualitative study in Liberia to assess community perspectives in three counties; the final report was delivered to USAID in January 2015.
Additional research in Liberia.	<ul style="list-style-type: none"> Conducted rapid assessments through listening groups to gauge public opinion on the opening of the National Cemetery, the vaccine trials, and the change in dead body management policy from safe burials to Ebola testing of all deceased. Served on the advisory board for the first national survey (KAP1). Published the qualitative study, <i>Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia</i>. Collected, reviewed and tabulated over 30 Ebola research studies. Provided TA to the MOH for the development and implementation of the second national survey (KAP2).

OTHER ACCOMPLISHMENTS

- Developed a “Pathways” framework to facilitate the conceptualization of HC3’s Ebola-related behaviors for social behavioral intervention, as well as RM&E activities.
- Supported the development of the first KAP survey fielded in Liberia by UNICEF and the MOH. (See above for KAP2 study)
- Developed 10 survey questions for use in GeoPoll-fielded SMS-based survey to obtain information regarding trusted sources of Ebola-related information and key Ebola-related behaviors.
- Supported the Liberian MOH by providing feedback and support to develop a “Dashboard” to use when tracking Ebola-related activities.
- Collected, reviewed and tabulated over 30 research studies regarding Ebola and Liberia.
- Trained Liberia Health Promotion County Focal Persons on qualitative research.

YEAR 4 PRIORITIES

- Continue to support research, M&E activities in Liberia (Core and Pillar II), Sierra Leone and Guinea.